Enhancing Quality of Life by Transitioning from an Intravenous Infusion Treatment to a Self-Administered Medication in a Health System Specialty Pharmacy Setting

Jennifer Nickele, PharmD; Mitchel Riddell; Kathy Canup, PharmD; Amber Skrtic, PharmD, CSP, AAHIVP; Zel Skrtic, PharmD; Jessica Mourani, PharmD; Casey Fitzpatrick, PharmD; Carly Giavatto, PharmD; Ana Lopez Medina, PharmD



BACKGROUND

- Self-administered medications may be a more practical option for many patients with an autoimmune disease who are being treated with an intravenous (IV) medication.¹
- Compared to provider-administered IV medications, self-administered medications offer greater flexibility and convenience and reduce travel costs for patients to and from an external medical facility.¹
- Despite these potential benefits, there is limited evidence pertaining to patients' perspectives on self-administrated versus provider-administered IV infusion, as well as the role of health system specialty pharmacy (HSSP) pharmacists in facilitating this transition.

OBJECTIVES

To describe the role of HSSP pharmacists assisting patients transition from provider-administered IV infusion to a self-administered medication.

To assess patient experiences after transitioning from provider-administered IV infusion to self-administered treatment in a HSSP setting.

METHODS

Study Design

- This cross-sectional survey study was conducted at Union Health from November 2022 to October 2023.
- Patients were referred to HSSP to assist with transition from provider-administered IV infusion to self-administered treatment. HSSP pharmacists provided education on new therapy, prior authorization (PA) support, and clinical monitoring post-switch.

INCLUSION CRITERIA	EXCLUSION CRITERIA
Patients clinically managed by HSSP	Patients who declined to complete the survey

- Patients diagnosed with an autoimmune disease
- Patients transitioned from a provider-administered
 IV infusion to a self-administered medication

DATA COLLECTION

Patient interviews were conducted via telephone by the pharmacist using a six-question survey to evaluate patient satisfaction, ease and convenience of use, and confidence with the self-administered medication.

Clinical autoimmune experts reviewed the survey on four separate occasions to ensure clinical relevance and appropriateness.

DATA ANALYSIS

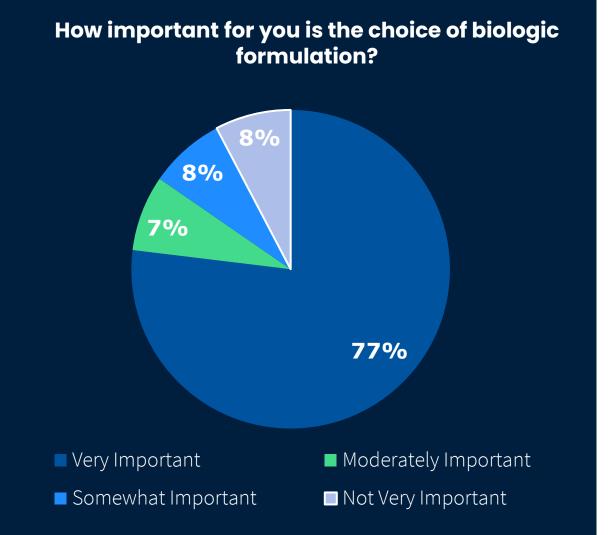
Descriptive statistics were used to summarize the data with count and percentage reported for each item.

RESULTS

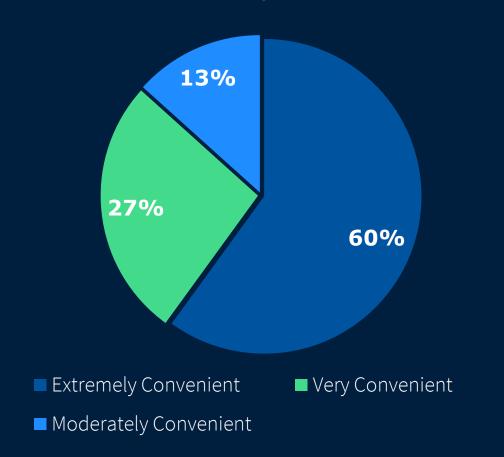
In total, 15 patients completed the survey.

Table 1: Most Common Autoimmune Medications

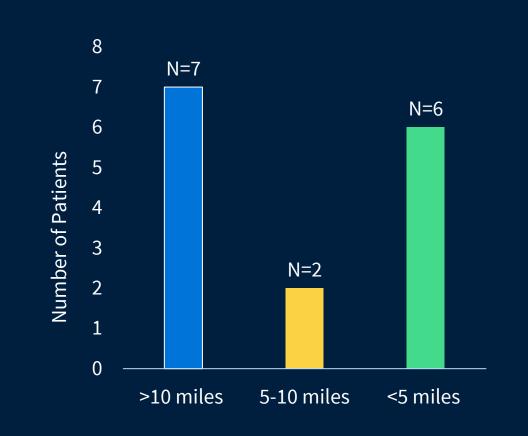
IV Infusion Treatment	Total
Infliximab, n (%)	6 (40%)
Self-Administered Medication	Total
Abatacept, n (%)	4 (27%)
Upadacitinib, n (%)	4 (27%)













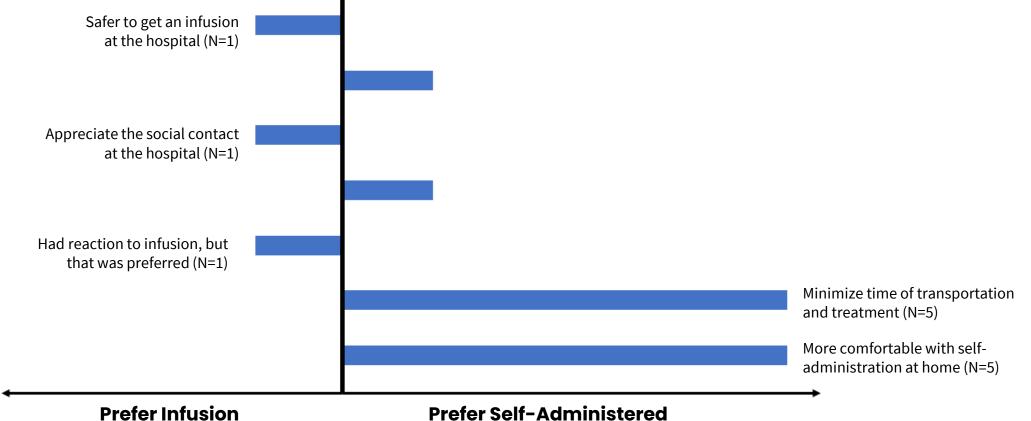


Table 2: Financial Assistance Secured by HSSP Team

Financial Assistance	Amount (\$)
Internal MAP	\$84,761.56
Manufacturer Prescription Assistance Program	\$244,156.96
Copay card	\$29,000
Others	\$357,918.52
Total	\$715,837.04

DISCUSSION AND CONCLUSION

Patients diagnosed with an autoimmune condition expressed remarkable satisfaction with self-administered medications and showed a preference for self-administration over provider-administered IV infusion treatment.

HSSP pharmacists played a pivotal role in providing patient education, ensuring timely therapy approval, and transitioning patients to self-administered therapies.

REFERENCES

Overton PM, Shalet N, Somers F, Allen JA. Patient Preferences for Subcutaneous versus Intravenous Administration of Treatment for Chronic Immune System Disorders: A Systematic Review. *Patient Prefer Adherence*. 2021;15:811-834. doi: 10.2147/PPA.S303279.